# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

**Facility Name: BISHOPS COURT (410493)** 

Address: 289 E ST JOSEPH ST, GREEN BAY, WI 54301

**License Status: REGULAR** 

Licensed/Certified/Registered 04/01/1998

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History					
Survey ID: 0096549	End Date: 03/08/2006	Type: OTHER	Purpose: DESK REVIEW		
Results: NO STATEME	ENT OF DEFICIENCY ISS	UED			
Survey ID: 0096126	End Date: 12/29/2005	Type: OTHER	Purpose: COMPLAINT/SELF REPORT		
Results: NO STATEME	ENT OF DEFICIENCY ISS	UED			
Survey ID: 0095142	End Date: 06/02/2005	Type: OTHER	Purpose: COMPLAINT/SELF REPORT		
Results: ENFORCEME	NT ACTION				
Statement of Deficiency	: #10007174 Served 07/	05/2005			
	<u>Deficiencies Cited</u> 83.33(4)(a)	Subject Area PERSONAL CARE	Compliance           Verified         Corrected           12/15/2005         Yes		
Survey ID: 0094270	End Date: 03/01/2005	Type: OTHER	Purpose: OTHER		
Results: NO STATEME	ENT OF DEFICIENCY ISS	UED			

Printed 07/28/2006

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Survey ID: 0094075 End Date: 01/14/2005 Type: OTHER Purpose: SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007075 Served 02/12/2005

Compliance

<u>Verified</u> <u>Corrected</u> 06/01/2005 Yes

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<u>Deficiencies Cited</u> <u>Subject Area</u> 83.33(2)(a) <u>SUPERVISION</u>

Survey ID: 0092745 End Date: 04/28/2004 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091245 End Date: 08/18/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10006898 Served 10/23/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.11(3)(a)	RESPONSIBILITIES	04/28/2004	Yes
83.12(2)(b)3	ADMINISTRATIVE EXPERIENCE OR BUSINESS	04/28/2004	Yes
83.12(2)(b)4	EXPERIENCE WITH CLIENT GROUP	04/28/2004	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	04/28/2004	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/28/2004	Yes
83.21(4)(o)	MEDICATIONS	04/28/2004	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/28/2004	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/28/2004	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/28/2004	Yes
83.33(2)(a)	SUPERVISION	04/28/2004	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	04/28/2004	Yes

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Madison WI 53701-2969

#### **Enforcement History**

Date: 07/01/2005 SOD #10007174 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.33(4)(a)

Date: 02/10/2005 SOD #10007075 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(2)(a)

Date: 10/21/2003 SOD #10006898 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING OTHER SANCTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(w)

FORFEITURE---83.32(2)(a)5

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(2)(a)

**Provider Inspection Summary** 

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History						
Date Complaint Received: 03/21/2006 Date Investigation Completed: 06/19/2006						
Subject Area(s) MEDICATIONS ADMISSION, TRANSFER & DISCHARGE STAFF ADEQUACY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#				
Date Complaint Received: 10/11/2005	Date Investigation Completed: 12/15/2005					
Subject Area(s) RESIDENT RIGHTS ADMISSION, TRANSFER & DISCHARGE ADMINISTRATION	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#				
Date Complaint Received: 07/06/2005	Date Investigation Completed: 12/15/2005					
Subject Area(s) RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY PROGRAM SERVICES QUALITY OF LIFE	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#				
Date Complaint Received: 05/20/2005 Date Investigation Completed: 06/28/2005		/28/2005				
Subject Area(s) ABUSE ADMISSION, TRANSFER & DISCHARGE STAFF TRAINING AND PROFICIENCY	Result SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 10007174				
Date Complaint Received: 04/30/2004 Date Investigation Completed: 06		/02/2004				
Subject Area(s) ADMINISTRATION	Result NOT SUBSTANTIATED	SOD#				

Printed 07/28/2006

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Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Date Complaint Received: 03/16/2004 Date Investigation Completed: 06/02/2004

Subject Area(s) Result SOD #

ADMISSION, TRANSFER & DISCHARGE NOT SUBSTANTIATED ADMINISTRATION NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED

Date Complaint Received: 01/26/2004 Date Investigation Completed: 05/28/2004

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 01/05/2004 Date Investigation Completed: 05/28/2004

Subject Area(s) Result SOD #

PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 12/26/2003 Date Investigation Completed: 06/02/2004

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE NOT SUBSTANTIATED MEDICATIONS NOT SUBSTANTIATED

Date Complaint Received: 12/16/2003 Date Investigation Completed: 05/28/2004

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED MEDICATIONS NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

**Provider Inspection Summary**For the period 06/01/2003 to 05/31/2006

Community Based Residential Facility

CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 10/29/2003 Date Investigation Completed: 05/28/2004

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/30/2003 Date Investigation Completed: 10/16/2003

Subject Area(s)ResultSOD #SUPERVISIONSUBSTANTIATED10006898RESIDENT RIGHTSSUBSTANTIATED10006898

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

ADMINISTRATION SUBSTANTIATED 10006898

STAFF ADEQUACY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 06/10/2003 Date Investigation Completed: 10/09/2003

Subject Area(s) Result SOD #

MEDICATIONS NOT SUBSTANTIATED

ADMINISTRATION SUBSTANTIATED 10006898
PROGRAM SERVICES SUBSTANTIATED 10006898